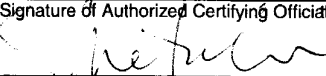


# FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>Denali Commission</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>Community Planning and Development</b>		OMB Approval No. <b>0348-004</b>	Page of <b>1 1</b> Pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>First Alaskans Institute</b> <b>606 E Street, Suite 200 Anchorage, AK 99501</b>					
4. Employer Identification Number <b>94-3123119</b>		5. Recipient Account Number of Identifying Number <b>0018-DC-1999-E4</b>		6. Final Report [ ] Yes [X] No	7. Basis [ ] Cash [X] Accrual
8. Funding/Grant Period (See instructions) From: <b>1-Dec-00</b>		To: <b>9/30/2004</b>		9. Period Covered by this Report From: <b>10/1/2002</b> To: <b>3/31/2003</b>	
10. Transactions:		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays		<b>970,255</b>		<b>40,431</b>	
b. Refunds, rebates, etc.				<b>\$0</b>	
c. Program income used in accordance with the deduction alternative				<b>\$0</b>	
d. Net outlays (Line a, less the sum of lines b and c)		<b>970,255</b>		<b>40,431</b>	
				<b>1,010,686</b>	
<b>Recipient's share of net outlays consisting of:</b>					
e. Third party (in kind) contributions				<b>\$0</b>	
f. Other Federal awards authorized to be used to match this award				<b>\$0</b>	
g. Program income used in accordance with the matching or sharing alternative				<b>\$0</b>	
h. All other recipient outlays not shown on lines e, f or g				<b>\$0</b>	
i. Total recipient share of net outlays (sum of lines e, f, g and h)		<b>0</b>		<b>0</b>	
j. Federal share of net outlays (line d less line i)		<b>970,255</b>		<b>40,431</b>	
k. Total unliquidated obligations				<b>\$0</b>	
l. Recipient's share of unliquidated obligations				<b>\$0</b>	
m. Federal share of unliquidated obligations				<b>\$0</b>	
n. Total federal share (sum of lines j and m)				<b>\$1,010,686</b>	
o. Total federal funds authorized for this funding period				<b>\$1,262,000</b>	
p. Unobligated balance of federal funds (Line o minus line n)				<b>\$251,314</b>	
<b>Program income, consisting of:</b>					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)					
11. Indirect Expense					
a. Type of Rate (Place an "X" in appropriate box) [ ] Provisional [X] Predetermined [ ] Final [ ] Fixed					
b. Rate <b>9.00%</b>		c. Base <b>75,000.00</b>		d. Total Amount <b>3,324.32</b>	e. Federal Share <b>3,324.32</b>
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and Certification: <b>unliquidated obligations are for the purposes set forth in the award documents.</b>					
Typed or Printed Name and Title <b>Jason Metrokin, Vice President</b>				Telephone (Area code, number and extension) <b>(907)677-1705</b>	
Signature of Authorized Certifying Official 				Date Report Submitted <b>4-25-03</b>	